SagePath™
Excellence In Health Care

Sagepath Labs Pvt. Ltd.

Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.
ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mrs. SHAGUFTA NAAZ		
Sample ID	: B2719942		
Age/Gender	: 25 Years/Female	Reg. No	: 0482506170125
Referred by	: Dr. T.AHMAD	SPP Code	: SPL-BH-110
Referring Customer	: S.M HOSPITAL	Collected On	: 17-Jun-2025 01:15 PM
Primary Sample	: Whole Blood	Received On	: 18-Jun-2025 09:09 AM
Sample Tested In	: Serum	Reported On	: 18-Jun-2025 02:43 PM
Client Address	: OPPO PETROL PUMP,SHANTI KUNJ HARUN NAGA	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval

PDF Attached

Double Marker

Free -Beta -HCG (Method: CLIA)	38.07	ng/mL	< 2 :Non-Pregnant 5.4 - 393.4 : Pregnant
PAPP-A (Method: CLIA)	1.61	mIU/mL	< 0.1 : Non-Pregnant 0.1-19.5 : Pregnant

Risk analysis for Trisomy 21 is 1:172 is positive. Adv: NIPT, FISH and karyotyping. Risk analysis done based on Gestational weeks.

Interpretation:

DISORDER	SCREEN POSITIVE/HIGH RISK CUT OFF
Trisomy 21 (Down)	< 1:250
Trisomy 18/13	< 1:100

DISORDER	SCREEN NEGATIVE/LOW RISK CUT OFF
Trisomy 21 (Down)	> 1:250
Trisomy 18/13	> 1:100

Note: Statistical evaluation has been done using CE marked PRISCA 5 software. · Screening tests are based on statistical analysis of patient demographic and biochemical data. They simply indicate a high or low risk category. Confirmation of screen positives is recommended by Chorionic Villus Sampling (CVS). · The interpretive unit is MoM (Multiples of Median) which takes into account variables such as gestational age (ultrasound), maternal weight, race, insulin dependent Diabetes, multiple gestation, IVF (Date of Birth of Donor, if applicable), smoking & previous history of Down syndrome. Accurate availability of this data for Risk Calculation is critical. · Ideally all pregnant women should be screened for Prenatal disorders irrespective of maternal age. The test is valid between 9-13.6 weeks of gestation, but ideal sampling time is between 10-13 weeks gestation. · First trimester detection rate of Down syndrome is 60% with a false positive rate of 5%. A combination of Nuchal translucency, Nasal bone visualization and biochemical tests (Combined test) increases the detection rate of Down syndrome to 85% at the same false positive rate.

Comments: First trimester screening for Prenatal disorders (Trisomy 21, 18 & 13) is essential to identify those women at sufficient risk for a congenital anomaly in the fetus to warrant further evaluation and followup. For Open neural tube defects, second trimester screening before 20 weeks is recommended. These are screening procedures which cannot discriminate all affected pregnancies from all unaffected pregnancies. Screening cutoffs are established by using MoM values that maximize the detection rate and minimize false positives.

*** End Of Report ***

DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

Sage Path Labs Pvt Ltd
Plot No. 564, First Floor, Buddanagar, Peerzadiguda, Boduppal, Hyderabad
Telangana - 500092

Date of report: **18-06-2025**
Prisca 5.1.0.17

NA

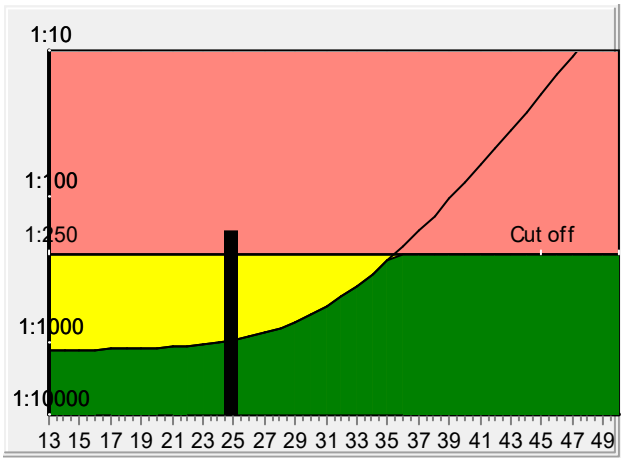
Patient data		Ultrasound data	
Name	Mrs. SHAGUFTA NAAZ B2719942	Gestational age at sample date	12 + 6
Birthday	02-09-2000	Method	Scan
Age at sample date	24.8	Scan date	16-06-2025
Patient ID	0482506170125		

Correction factors					
Fetuses	1	IVF	no	Previous trisomy 21 pregnancies	unknown
Weight in kg	42	diabetes	no		
Smoker	no	Origin	Asian		

Pregnancy data		Parameter	Value	Corr. MoM
Sample Date	17-06-2025	PAPP-A	1.61mIU/mL	0.24
		fb-hCG	38.07 ng/mL	0.87

Risks at sampling date			
Age risk at sampling date	1:981	Trisomy 21	1:172
Overall population risk	1:600	Trisomy 13/18	1:256

Risk



Trisomy 21

The calculated risk for Trisomy 21 is above the cut off which represents an increased risk.
After the result of the Trisomy 21 test it is expected that among 172 women with the same data, there is one woman with a trisomy 21 pregnancy and 171 women with not affected pregnancies.
The PAPP-A level is low.
The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.
Please note that risk calculations are statistical approaches and have no diagnostic value!

Trisomy 13/18

The calculated risk for Trisomy 13/18 is 1:256, which indicates a low risk.

Sign of Physician

below cut off | Below Cut Off, but above Age Risk | above cut off